


|   |  |   |
|---|--|---|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>09869647 | <b>Applicant(s)/Patent Under Reexamination</b><br>KARIMOTO ET AL. |
|   | <b>Examiner</b><br>JOSHUA D CAMPBELL       | <b>Art Unit</b><br>2178   |

| ORIGINAL                  |  |          |     |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|---------------------------|--|----------|-----|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|---|---|---|---|----------------------|--|
| CLASS                     |  | SUBCLASS |     |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |   |   |   |   |                      |  |
| 715                       |  | 255      |     |  |  | G                            | 0 | 6 | F | 17 / 21 (2006.01.01) |             |  |  |  | G | 0 | 6 | F | 17 / 24 (2006.01.01) |  |
| <b>CROSS REFERENCE(S)</b> |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
| 715                       | 201                                      | 764      |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
| 707                       | 100                                      | 104.1    | 200 |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |   |   |   |   |                      |  |

|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        |       | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 2        |       | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 3        |       | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 4        |       | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 5        |       | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       |       | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 11       |       | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 13       |       | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 14       |       | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 15       |       | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 16       |       | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

|  |           |                              |                   |
|--|-----------|------------------------------|-------------------|
| NONE   |           | <b>Total Claims Allowed:</b> |                   |
|  |           | 26                           |                   |
| (Assistant Examiner)<br>/JOSHUA D CAMPBELL/<br>Primary Examiner, Art Unit 2178 | (Date)    | O.G. Print Claim(s)          | O.G. Print Figure |
| (Primary Examiner)   | 9/12/2008 | 1                            | 12A               |
|  | (Date)    |                              |                   |